

<div style="display: flex; justify-content: space-between;"> <div> E </div> <div> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) </div> <div> SERIAL NO. 09/854479 FILING DATE _____ APPLICANT(S) _____ </div> </div>						
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6	1					
7		1	18			
8		2				
9		2				
10		2				
11		2				
12		2				
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23	1					
24		1				
25		2				
26		2	1			
27		2				
28		2				
29		2				
30	1					
31	1					
32	1					
33		4				
34		4				
35		4	8			
36		4				
37		4				
38		4				
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	50					
TOTAL CLAIMS	56					

51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						